

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-042394

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

317

Primary Registration District No.

541

Registrar's No.

3066

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED OCT 30 1963

## 1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (if outside corporate limits, give TOWNSHIP only)  
OR  
TOWN  
Clayton

Length of stay in 1b  
D.O.A.

c. FULL NAME OF (if NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

St. Louis County Hosp.

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

St. Louis

c. CITY  
OR  
TOWN

Bridgeton Terrace

Inside Limits  
Yes ☒ No ☐

d. STREET  
ADDRESS

# 21 St. Theresa Lane

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Pamella

Pittman

4. DATE  
OF  
DEATH

Oct. 6, 1963

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

12/7/1956

9. AGE (last birthday)

6

IF UNDER 1 YEAR IF UNDER 24 H

Months Days Hours Min

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Student

10b. KIND OF BUSINESS OR INDUSTRY

School

11. BIRTHPLACE (City and state or country)

St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Charles Pittman

13b. MOTHER'S MAIDEN NAME

Judith Lengenfelder

14. NAME OF HUSBAND OR WIFE

Single

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL SECURITY NO.

Charles Pittman # 21 St. Theresa Lane

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Burns and carbon monoxide poisoning

INTERVAL BETWEEN  
ONSET AND DEATH

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Fire at home premises

20c. TIME OF  
INJURY  
Hour a.m.  
early 10/6/63

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

bedroom of home

20f. CITY, TOWN, OR LOCATION

Bridgeton  
Terrace

COUNTY

St. Louis

STATE

Missouri

21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Coroner Clayton, Missouri

22b. ADDRESS

22c. DATE SIGNED

10/12/63

23a. BURIAL, CREMATION  
REMOVAL (Specify)

Burial

23b. DATE

10/8/1963

23c. NAME OF CEMETERY OR CREMATORY

Mount Lebanon Cemetery

23d. LOCATION (City, town, or county)

St. Ann, Mo.

(State)

24. FUNERAL DIRECTOR

Collier Mortuary, St. Ann, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

10-7-63

26. REGISTRAR'S SIGNATURE

John B. Murphy

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Sheldon Collins*

Licensed Embalmer No.

*3382*

P. O. Address

*St. Ann Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.